

ENROLL.DOC

## ENROLLMENT PROJECTIONS WORKSHEET

Name of plan:

HCFA No.: **H**

Contact person for this worksheet:

County, State:

**NOTE:** Provide information for one full year, starting with the quarter when initial enrollment is anticipated.

Year	Quarter	Population/ Product Line	Estimated # Eligible	Projected Numbers	
				Members this Quarter	Members Year-to-date
		Medicare			
		Medicaid			
		Commercial			
		<b>Total</b>			
		Medicare			
		Medicaid			
		Commercial			
		<b>Total</b>			
		Medicare			
		Medicaid			
		Commercial			
		<b>Total</b>			
		Medicare			
		Medicaid			
		Commercial			
		<b>Total</b>			

Prepare a separate table for each requested county.